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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/800,016
	Filing Date	March 5, 2001
	First Named Inventor	Dean K. Pettit
	186	1646
	Examiner Name	
	Attorney Docket Number	140145.410

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I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	SCHERING AKTIENGESELLSCHAFT ppa.	
Signature	Dr. Thomas Seuß	Dr. Walter Klose
Date	44 September 2002	
Name	Head of Patents Europe	Head of Invention and Compensation Assignment
Signature		
Date		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Dean K. Pettit et al.
Application No./Patent No.: 09/800,016 Filed/Issue Date: March 5, 2001
Entitled: STABLE AQUEOUS SOLUTIONS OF GRANULOCYTE MACROPHAGE COLONY-STIMULATING FACTOR

Schering AG
(Name of Assignee)

a corporation
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Pettit et al.

To: Immunex Corporation

The document was recorded in the United States Patent and Trademark Office at Reel 011899, Frame 0575, or for which a copy thereof is attached

2. From: Immunex Corporation

To: Immunex Manufacturing Corporation

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3. From: Immunex Corp./Immunex Mfg.

To: Schering AG

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

- ☒ Copies of assignments or other documents in the chain of title noted in B above are attached.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

_____ Typed or printed name		SCHERING AKTIENGESELLSCHAFT ppa.		_____ Typed or printed name		ppa.	
_____ Signature		Dr. Thomas Seuß		_____ Signature		Dr. Walter Klose	
_____ Title		Head of Patents Europe		_____ Title		Head of Invention and	
_____ Date		4 Sept. 2002		_____ Date		Compensation Assignment	

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Docket No. 140145.410

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**ELECTION AND POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/800,016
Filing Date	March 5, 2001
First Named Inventor	Dean K. Pettit
Group Art Unit	1646
Examiner Name	
Attorney Docket Number	140145.410

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☒ Practitioners at Seed IP Law Group PLLC

OR

☐ Practitioner(s) named below:



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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ As assignee of record of the entire interest I/we hereby elect, under 37 C.F.R. § 3.71, to prosecute the application to the exclusion of the inventor.

SIGNATURE of Applicant or Assignee of Record

Name	SCHERING AKTIENGESELLSCHAFT	
Signature	ppa	ppa
Date		
Name	Dr. Thomas Seuß	Dr. Walter Klose
Signature	Head of Patents Europe	Head of Invention and Compensation Assignment
Date	4 September 2002	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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